



Enrollment Form

SKYLINE MIDDLE SCHOOL

For questions, please contact: Deanna Reed, On the Road Program Director, at: 434-409-1472

STUDENT & PARENT/GUARDIAN INFORMATION

Student Name: _____ Grade Level in 2018-2019: _____

Gender: Male Female Student Date of Birth: ____/____/____ Student Age: _____

Primary languages spoken at home: _____ Other languages spoken: _____

Race/Ethnicity: (optional): African-American or Black Caucasian or White Hispanic or Latino
 American Indian or Alaskan Native Asian Native Hawaiian/Other Pacific Islander _____

Does your child qualify for Free or Reduced Price Lunch at school? (optional) Yes No

Parent/Guardian Name:

First Middle Last

Relationship to child: _____

Does child live with this individual?:

Yes No Part time

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Email address: _____

Employer name: _____

Employer phone: _____

Preferred method of contact:

Home Work Cell Phone Email

Parent/Guardian Name:

First Middle Last

Relationship to child: _____

Does child live with this individual?:

Yes No Part time

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Email address: _____

Employer name: _____

Employer phone: _____

Preferred method of contact:

Home Work Cell Phone Email

EMERGENCY CONTACTS (IN THE EVENT PARENT/GUARDIAN CANNOT BE REACHED)

Name: _____
First Last

Home address: _____

Relationship to child: _____

Phone # 1: _____ Phone #2: _____

Student may be released to this person: Yes No

Name: _____
First Last

Home address: _____

Relationship to child: _____

Phone # 1: _____ Phone #2: _____

Student may be released to this person: Yes No

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FIRST AID & EMERGENCY MEDICAL CARE

Student's Physician/Clinic: _____ Physician/Clinic's Phone Number: _____

Health insurance provider: _____ Policy number: _____

Does the student have allergies, special diets, or medications? Yes No

If yes, please specify: _____

Does the student have chronic health conditions? Yes No

If yes, please specify: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

I certify that all necessary health documentation, such as physical examination and immunizations, are on file at my child's school. Yes No

I authorize On the Road staff who are trained in the basics of first aid to give my child first aid when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize On the Road or Harrisonburg City Schools staff to transport my child to the nearest medical facility and to secure necessary medical treatment for my child. I agree to be responsible for any charges incurred in the rendering of care and treatment for my child. Yes No

TRANSPORTATION

Please select a **departure** transportation option. My child will **depart** On the Road by:

Authorized parent/guardian pick up Afterschool Bus Other: _____

In addition to those previously listed, please indicate if there is another individual who is authorized to pick up your child:

Name: _____ Relationship to child: _____

Home address: _____ Phone # 1: _____ Phone #2: _____

I understand that there are times when On the Road Collaborative staff and/or volunteers may transport my child in their personal vehicles. Examples include but are not limited to: Field trips or special events.

I consent to On the Road Collaborative staff and/or volunteers transporting my child. I do not consent to On the Road Collaborative staff and/or volunteers transporting my child.

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____ Signature: _____ Date: _____

For questions, please contact: Deanna Reed, On the Road Program Director, at: 434-409-1472

MEDIA CONSENT

I give permission for my child’s photograph to be taken and for him/her to be captured on video in connection with the activities of On the Road and used for promotional purposes. This includes, but is not limited to: the web, social media (e.g. Facebook; Twitter), local media (e.g. newspaper; television) and program-related events. Your child would only be identified by first name and/or as a member of a group, if at all. If you would like to opt-out, please contact Deanna Reed at: deanna@ontheroadcollaborative.com.

PROGRAM EVALUATION CONSENT

To learn about program effectiveness and impact, On the Road Collaborative (“OTRC”) requests your permission to collect and use information about your child’s participation and performance in the OTRC’s programs and in school.

What Information Is Collected

OTRC staff may collect the following information about your child:

- Information about your child’s background obtained from this enrollment form
- Information collected about your child’s program attendance, his or her performance on skills assessments during OTRC’s programming, and his or her survey responses.
- Information shared by your child’s school or school district that describes his or her background and demographics, school enrollment and attendance, behavior, and academic performance (including course grades and state test scores)
- OTRC will collect your child’s school ID number from your child’s school to be used for access to academic records.

How Information Is Used

The only persons authorized to access your child’s information will be OTRC staff and authorized individuals set forth by the Virginia and Federal Departments of Education. OTRC may use or disclose information in aggregate form to further the purposes discussed above. However, no child will be identified by name in any report or public document.

Consent to Participate

I give permission for OTRC to collect and use information about my child in connection with the program evaluation activities as described above. **Your child may participate in OTRC’s program whether or not you provide the consent, and you may change your designated permission at any time.** Please contact Deanna Reed, OTRC Program Director, at deanna@ontheroadcollaborative.com, to opt-out of participation and/or with any questions related to program evaluation discussed on this page.

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____	Signature: _____	Date: _____
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CONSENT FOR RELEASE OF SCHOOL RECORDS

Name of Child: _____ **Name of School:** Skyline Middle School

By my signature below, I consent to and authorize the release of my child’s educational records, being limited to those records described below, to On the Road Collaborative (“OTRC”):

The educational records to be released to OTRC are to be limited only to the following:

1. Attendance and Enrollment
2. Academic Performance, including Grades and SOL Scores;
3. Behavior and Discipline Record; and
4. _____

The records to be released will be those records related to the 2018-2019 school year.

I give my consent for these records to be released to OTRC for purposes of my child’s participation in the after-school program organized by OTRC at Skyline Middle School. In the event that my child stops participating in the program provided by OTRC for any reason, I understand that no additional records will be given to OTRC regarding my child. It is also my understanding that these records will not be released by OTRC to any other party without my consent and authorization.

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____